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## ACUTE DESQUAMATIVE OR TUBULAR NEPHRITIS.

BY G. G. GERE, M. D.

The term albuminuria is rather indefinite to describe a condition of disease, as it would literally designate any condition of the system wherein albumen appears in the urine, and this condition frequently occurs after a full meal, during pregnancy, or when from any cause there is an increase of the blood pressure in the renal capillaries; for, although albumen is not subject to endosmosis ordinarily, it is, under an increase of pressure. The term albuminuria, however, is very commonly applied to diseases characterized by the appearance of albumen in the urine, and of these there are several varieties which have been grouped under the general name of "Bright's disease of the kidney," from Dr. Richard Bright, an eminent physician of London, who first directed attention to and definitely described the conditions of the kidney producing albuminuria. Bright's disease is commonly divided into acute and chronic albuminuria, though for my own part I think it preferable that the term Bright's disease should be restricted to the chronic affection, and especially to



that of granular degeneration of the cortical portion of the kidney, as that was the condition first described by Dr. Bright, and would designate other affections producing albuminuria by terms more particularly descriptive of the pathological conditions obtaining in each variety. Thus in chronic affections we would distinguish fatty, amyloid or waxy degenerations from granular, and to the acute apply the term acute desquamative or tubal nephritis. To the latter affection will the remainder of this article be restricted. Acute inflammation of the epithelial lining of the tubuli uriniferi may produce albuminuria in two ways: first, in the primary stage (nondesquamative) by simple determination of blood, in which case the albumen is forced through the capillary walls by the increased pressure consequent to the blood arriving in the part faster than it can flow away. Second, the more common cause is found in the secondary stage of the disease, and is that the urinary tubules are blocked up, their epithelial lining, which has been thrown off, mixed with the fibrin of the blood, and which appears as tube casts under the microscope, indicating the condition of desquamative nephritis. These tube casts and granular masses obstruct the tubuli uriniferi, and by damming up the channel produce an increase of the pressure sufficient to force an endosmosis of albumen along with the serum of the blood. Acute tubular nephritis may be produced by exposure to cold or dampness, or by any cause producing local congestion and subsequent inflammation, but aside from that form which so frequently follows the eruptive fevers of childhood, the predisposing cause (and frequently the only one in the adult) is generally the habitual use of alcoholic stimulants, more especially of beer or other malt liquors, and "high living" generally, which by unduly stimulating the action of the kidneys, produces finally a weakened condition of the excretory apparatus as the result of overwork. The albuminuria following scarlatina or other of the eruptive fevers, has probably a similar origin, viz: overwork in the elimination of the specific poison of the fever interfered with by cold.

Acute tubular nephritis commonly begins with a chill, followed by fever, the tongue is coated white, bowels constipated, urine scanty and sometimes passed with difficulty, the skin is hot and dry, there is considerable pain in the back and loins.

In a few days dropsical symptoms appear, the anasarca first showing itself in the face, and especially in the eyelids, but sub-



sequently extending over almost the entire body. If the disease is neglected, or improperly treated, coma supervenes and the case terminates fatally in many instances. Sometimes, however, the disease passes into a chronic stage and results in granular degeneration or Bright's disease proper.

In suspected cases the urine should be carefully examined for albumen by one or more of the following methods: If the urine is turbid it should be filtered, and if not distinctly acid (which it usually is, however), it should be acidulated by means of a few drops of acetic acid, then heat in a test tube, and if turbidity results, it is owing to either albumen or earthy phosphates, add a little nitric acid, and if phosphates they are dissolved, and the liquid becomes clear, but if albumen, it becomes, if anything, more apparent. Nitric acid also coagulates albumen without the aid of heat, but as it exerts a similar influence on mucus, which last is not affected by the degree of heat ordinarily used, it is better to apply both tests in the order mentioned. Alcohol also in an equal volume of urine will coagulate albumen, as will a solution of potass. ferrocyan. acidulated with acetic acid, so it is better to use several or all of these tests than to rely on one alone.

The treatment in the first stage of the disease should be veratrum to reduce the speed and force of the circulation, belladonna to prevent or remove over distention of the capillaries, diaphoretics to relieve the afflux to the kidneys by attracting to the skin—keep the surface warm to assist the latter process—cathartics also may be used to derive to the intestinal mucous membrane, but *no diuretics*.

In the second stage the excretions generally may be stimulated; hydragogue cathartics are useful, and even diuretics that will produce a free watery discharge may ~~be~~ good by washing out the tubuli, and so removing the obstructions. Ergot and gallic acid may be valuable in both stages for the purpose of contracting the capillaries and constricting the walls of the vessels so as to prevent the osmosis of albumen. Perhaps the most valuable of all the deobstruents used in the second stage is apocynum cannabinum.



## SIMPLE TREATMENT IN HYDROCEPHALUS.

BY F. P. MITCHELL. M. D., REDDING, CAL.

I was called on the morning of February 17th to see a child of Mr. C——. On arrival I found it suffering from hydrocephalus, with the usual symptoms—head of monstrous size, skin cold and flabby, eyes bulging, countenance pale, etc.

I left the following prescription:

R. Ext. belladonna fld. gtt. v.

“ asclepias tub.

Tinct. capsicum aa. gtt, xx.

Aquæ ℥iv.

M. Sig. Teaspoonful every hour.

I called the next morning and found considerable improvement, the skin warm and moist; the scalp, which before had been dry and glossy, was now covered with moisture and more yielding to the touch.

I now discontinued the belladonna and increased the asclepias to 3ss. Marked improvement was noticeable at each visit, and in one week's time the head was reduced to natural size, and functions normal. In fact, the child was to all appearance enjoying as good health as it ever had, and continued the same up to the time Mr. C. and family left here, March 8th.

I hear some one say, “Why, there is nothing extraordinary in that treatment.” Certainly not; the belladonna restored the capillary circulation; the asclepias, as a diaphoretic, stimulated the sudoriparous apparatus to increased elimination, also promoting absorption. The capsicum, acted as a vital stimulant, and assisted in keeping up the strength and absorbent powers of the system.

I feel satisfied that if I had used the remedies recommended in such cases, as arsenic, iron, sulphur, phosphorous, etc., I would have lost my patient.



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**SPASMODIC CROUP.**

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BY LYMAN WATKINS, M. D.

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Spasmodic croup occurs most frequently during the seasons of spring and autumn; it usually comes on in the night, and in a large majority of cases it awakens the patient from the first sleep before midnight. The experience of many parents is that if the child does not awake before midnight with an attack of croup, it is not likely to occur that night. The uniform appearance of this affection in the night has led to its being described by some authors as night croup. There may be no premonitory symptoms, and for the most part there are none; sometimes, however, during the day the child will be indisposed, fretful, have a wheezing respiration, and a hoarse, barking cough, well known when once heard by those of experience. There is also another peculiarity about the respiration of the little patient while yet asleep before awakening with the croup, which I have noticed many times. The expirations are very short and inspirations very long. The tendency of croup is to occur three nights in succession, increasing in violence at each occurrence. It is a disease of childhood, rarely occurring before the first or after the tenth year of age. Boys are more frequently attacked than girls. The tendency of spasmodic croup is towards recovery, the mortality being greatest in the second and third years of age.

Croup is one of the diseases to which we are most frequently called with alarming haste in the night. The agonizing struggles of the little patient for breath and the excitement and distress of friends are well calculated to put the composure of the physician to the test. A hesitating and vacillating manner upon the part of the medical man at such times quickly creates a lack of confidence and a call for a change of doctors. Therefore the physician should have a definite plan of treatment upon which to enter at once with calmness and assurance. Having ascertained that we have a case of spasmodic croup to treat, stillingia liniment should be freely applied to the throat and its applications repeated every hour; also one drop of the liniment on



sugar should be administered internally hourly; then a cloth large enough to cover the breast may be greased with lard and covered thickly with the compound emetic powder, after which it must be applied to the chest and kept there until the patient is relieved. For internal administration the following is usually indicated:

R. Spec. m. aconite gtts. v.

Aqua dest.  $\bar{z}$  ii.

M. Sig. Dose, teaspoonful every hour.

This treatment is eminently Scudderian if not Eclectic, and gives uniformly good results. In the meantime the friends should be kept busy preparing poultices, mustard plasters and hot applications, mainly to keep them busy and distract their attention from the patient until your remedies have had time to make an impression. True, these preparations may not be needed, still it keeps those concerned busy and makes them feel as though they were doing something. Every physician of experience is aware that it requires tact to treat the well as well as the sick. But occasionally we meet with cases that are not relieved by the preceding treatment, and sometimes more must be done. In this case use

R. Asclepias tub. pulv.

Glycyrrhizar rad. pulv. āā  $\bar{z}$  ss.

Lobeliæ inf. seed, pulv.

Ipecachuanha, pulv. āā  $\bar{z}$  ss.

M.

Sig. Make an infusion and give teaspoonful every half hour.

This should be continued until the patient is slightly nauseated, or in some cases until vomiting is produced, when relief is immediate and a gentle, quiet sleep usually follows. I am aware that emetics are banished from the materia medica of some physicians in the treatment of this disease, but I have seen marked relief follow their administration in many cases, and I do not believe they should be altogether dispensed with. In pseudo-membranous laryngitis, a disease which is generally fatal, the administration of emetics is contra-indicated, and their exhibition usually adds to the distress of the patient, without affording any



relief. The treatment of this grave disease should be sustaining, not depressing. Indeed the treatment of pseudo-membranous is a difficult and unsatisfactory matter, which will be spoken of at some future time.

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## TOXICOLOGY.

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BY A. B. MARCONNAY, PH. D., STUDENT OF THE CAL. MED. COLLEGE.

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Various kinds of poison have been known since the first beginning of human life, their use being chiefly in the hands of certain castes and persons. Records not alone from the papyros of the catacombs of Assuam on the Nile, but from the desolated ruins of Memphis and Niniveh, prove that a great deal of the influence which the priests exercised over the Egyptians and Assyrians was due to their knowledge of certain mineral and vegetable poisons. Homeros tells us that the art of preparing them came to Greece from Egypt, where one sect of the caste of priests, the *Toth*, practised it as a secret art and required the most terrible oaths from any candidate for those mysteries. Medea, Coice and Locusta are known to posterity for having practiced this art. The father of medicine, Hippokrates, says in his oath: "I will not hand poison to any one." Plato, in the second book of his *Republic*, recalls to the mind of his contemporaries an old law defending the use of poison and the teaching of the art to scholars.

At the same time we find in Homeros the first mention of an antidote, when Odysseus seeks to liberate his companions from Circe's power, who had by some drug changed them into swine, his god-mother Pallas Athene sends Hermes to him to give him a plant, which counteracted the bad effect of her welcome draught. This plant, which he calls *molu*, was known to the ancient world as a general antidote for every possible kind of poisoning. Although researches have been made by scientific men, this plant has not been found yet, and belongs probably rather to the realm of fiction than to the vegetable kingdom.

That science which treats about poisons is called toxicology,



from the Greek word *toxicon*, a poisoned arrow (showing the usual way of use) and *logos*, science.

This science has taken a new start, since we do not limit ourselves any longer to the primary effects on stomach and intestines, but track the poison as far as into the most minute tissues of the body. This course has first been taken by a renowned French chemist, Mr. Orfila, and has opened a new field of scientific research, and has helped the law to prove and punish a large scope of crimes which previously escaped its arm. When chemistry found it sufficient to analyze only the stomach and the intestines, it is clear that in such cases where poisonous matters had been taken in excess, and therefore rejected by the stomach, nothing could be found in its first place of deposition, and that it was therefore impossible to find a direct trace of the crime. The physiology could only have vague ideas about the effects of poisoning as long as there were no means to find the poison as soon as it had been absorbed. The immediate effect of poisonous matter or their local action which they exercised upon the stomach are merely significant in comparison with those showing the general effects on the different organs, on the cellular tissues or the nervous system. These form the true cases of poisoning, as the first effect is generally nothing but an irritation of greater or smaller degree, if we except those cases where the membranes are instantaneously destroyed, as, for example, by caustic alkalies or acids.

The modern toxicologist has striven to perfect the known methods for detection of poisons, and have succeeded in a great number of cases. He has not only proven the presence of minute quantities of metallic poisons in the tissues of the body, but has arrived at the important fact that different poisons act on different organs. If we will, for example, search for arsenic, we will have to examine the liver, while hypophosphorous acid can be detected in the urine. A logical consequence of this, also proven by close and scrupulous research, is that different poisons are eliminated in different ways, so will lead, arsenic and antimony eliminate in the urinal secretions, while several vegetable poisons are expelled by the skin.

This fact, the localization of poisons which has been estab-



lished as a natural law, must not be underrated in its application for post mortem examinations. It is not more necessary, than it was in former times, to examine the whole body, but by the special analysis of the intestines, the liver, lungs, kidneys and the heart, far better results can be obtained. The German chemists and physiologists, Tiedman and Gonelin, have, by a long series of experiments on living animals, arrived at certain results which are of the greatest importance. By mixing various coloring, odorizing and saline matters with the food and afterward examining the bile, the urine and the renal blood, they found most of them in the latter two, while the bile was entirely free of them. That this absorption is the case may be tested by everyone in daily life. The internal use of turpentine, for example, will give the urine an odor of violets, while you can mark quite a difference in its color after having eaten asparagass.

The German chemist, Kramer, lays down the following rules in his highly interesting work about chemical analysis of the blood, and the natural secretions, which are of use to the analytical chemist:

1. The alkaline salts, given to living animals, are easily absorbed into the urine and the blood, and sometimes, as this is the case with the iodide of potassium, into the saliva.

2. Both the blood and the urine eliminate this salt in quite a short time. In a fifty day's treatment with iodide of potassium the analysis of the blood showed six days after stopping the treatment only  $\frac{1}{320}$  grain in 13 ounces of urine.

3. The sulphate of mercury and antimony, the chloride of silver, the metallic iron, the carbonate and sulphate of iron, and the different copper salts are readily absorbed by the blood and urine. Iron especially is absorbed by the blood and eliminated in the urine.

4. The salts of lead and copper are found only for eight days after death in the liver, intestines and the bones, while mercury can be traced after years.

[TO BE CONTINUED.]



## SELECTIONS.

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### LEPROSY ON THE HAWAIIAN ISLANDS.

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In the Hawaiian group there are eight inhabitable islands, all of volcanic origin. Some are old, some are new, some are finished and some are unfinished. Each island is simply a mountain rising from the sea; the top of each is rough, craggy and uninhabitable. Down the mountain slope near the sea the old lava stone is decomposed, forming belts of arable land, with some interruptions, extending around the islands. This is the inhabitable area and sustains as dense a population in proportion to the acreage as any land in the world. Here is the only known soil that yields eight tons of sugar to the acre. But nine-tenths of the surface of these islands is yet covered with lava stone, undecomposed, and about as valuable for agricultural purposes as a flagstone pavement.

Many places the mountain slopes extend down to the beach, making excellent landing for large vessels, but in the main the sea coast is rock-bound and cliffy. These lofty cliffs are trenched or gashed here and there with deep canyon-like ravines that open back into small valleys surrounded by abrupt mountain walls. These valleys are accessible only from the sea, but the natives are skilled navigators and reach them in their canoes. The soil of these little valleys is very rich and favors the most prodigal growth of tropical trees and vegetation. The natives after reaching these secluded spots, have an easy existence, subsisting mainly on tropical fruits, vegetables and fish.

When lepers, therefore, wish to conceal themselves or escape segregation, they have only to enter these tropical jungles. The lepers of the Hawaiian Islands have never been counted, and a thorough segregation is an impossibility. When the ravages of the disease became so alarming, one of the group of islands was given up for the leper home. Great difficulty has been experi-



enced by the authorities in weeding out and exiling this class of sufferers. When the periodic searches are made they flee to the mountains, hide in the caves, in forests and in jungles until the search is over for the time; they then return and live with their families and their friends.

There are at present accounted for and in the hands of the authorities about two thousand lepers, the great majority of whom have been adjudged civilly dead and have been segregated on the Island of Molokai. Over two hundred children are there condemned to die, with the disease transmitted from their parents. Beyond any question of doubt this is the most horrible collection of lepers on earth. The typically altered face, the thickened skin from general infiltration, the immense tumefaction of the frontal and supra-orbital folds, sagging down over the eyes, the cheeks with pillow-like protuberances, covered with broad weals, the nose nodulated and broadened, the ears loaded with neoplastic deposit and the swollen lips mark the physiognomy of the average leper. Then follows the period of decay, their bloated, festering faces and their anæsthetic, ulcerated limbs render them simply repulsive creatures of the human form. They are not unusually disfigured by the loss of the nose, the eyes and the ears, and their extremities with the loss of fingers and toes. The atmosphere about these poor sufferers has the sickening odor of the dead.

To the delightful climate of the Islands cannot be charged the origin of this loathsome and fatal disorder, but to the result of the importation and inoculation of the natives with a specific poison or germ from a foreign nation. The very temperature prevails here that is most conducive to health and long life. A hot day is never known, and the nights are always comfortably cool. The thermometer ranges from 60 to 80 degrees, and the breezes from the sea render the air pure and wholesome. Nor can this disease be attributed to the food of the natives. The living of the Hawaiian is probably superior to that of any other tropical people in the world; and on the whole, little if any inferior to the working classes of America. He has plenty of beef, pork, fish, flour, fruits and vegetables, but he prefers his own taro, a vegetable that grows similar to the turnip and is



found to be the most nourishing and prolific food plant in the world. One square yard of taro planted in good soil will yield food enough to support a man for one year. Neither food or climate can be charged as factors in producing leprosy on the Islands. The disease was evidently brought from a foreign country, and the natives trace it directly to the Chinese, and have always called it the "Chinese disease" (Mai Paka).

The first case is not traditionary; many persons are yet living that saw and knew the facts pertaining to this individual case. Dr. Baldwin, the missionary physician, now 87 years old, reached the Islands before leprosy did, and is living there yet. He says the first case occurred among the natives in 1838. This case developed in a family where there was employed a Chinese domestic suffering with the same disease. Dr. B. claims to have watched this, and succeeding cases, until the disease became common in the kingdom. He says after a period of from seven to ten years the disease not only showed itself in other members of the family, but among the friends of the family, and continued to spread in such a way that long before they knew the name of the malady they were sure it was a blood disease and clearly contagious. They observed that where one of these infected persons associated with an uncontaminated family or community, sooner or later the same loathsome disease followed in his wake.

Twenty-five years ago the corps of physicians in Honolulu was greatly strengthened by the addition of such highly educated medical men as Dr. Trousseau, Dr. Hilderbrand and Dr. Stangenwald. The latter gentleman had spent some years studying leprosy in India. They commenced the study and treatment of the disease with a great deal of zeal and enthusiasm. Their supply of patients was inexhaustible and a better opportunity was never given medical men for the study of any special disease. The result of their treatment was negative, as well as that of all other medical men that had experimented on the disease. In a consultation of all the physicians of the kingdom in 1864, a system of segregation was recommended as the only means of saving the Hawaiian people.

The habits and customs of these people disclose the causes of the wide and rapid spread of leprosy among them. The Hawai-



ians are the most amiable, good natured, social people on earth. Life without society to them is unbearable, and a crumb of bread or a dish of poi is not palatable unless they can share it with a friend. They are always visiting from island to island and congregating together, never excluding any on account of disease, however contagious or loathsome. They surround smallpox sufferers and kiss, embrace and sleep with lepers without any suspicion of results. They smoke the same pipe and drink from the same cup.

Now, in view of the history and spread of the disease among this people, the conclusion is irresistible that leprosy is contagious. All intelligent resident physicians that have treated and watched the development of the disease from year to year, are unanimously of the opinion that it is eminently contagious. Dr. Arning, a student of Virchow and Koch, and a gentleman of high reputation as a medical microscopic, has spent three years studying leprosy in Honolulu. He says in his report to the Board of Health, "that the disease is dependent on the invasion of the body by a microscopic germ (*Bacillus Lepræ*) which has the power to increase indefinitely in the tissues." Therefore, he adds, "we must look upon every single leper as a hotbed of contagion. He breeds and multiplies a poison germ, and is on this account dangerous. All such infected persons should be segregated." Dr. Trousseau reported to the Government authorities after twenty-five years experience, "that he believed leprosy contagious, fully as much as syphilis." Says it is contagious by absorption or inoculation by the abraded portions of persons bodies coming in contact." Dr. T. also believes that mosquitoes and flies are possible messengers of the infection by charging their bills with the deadly virus on a leper sore and inoculating uncontaminated persons. Dr. Emerson, born on the Islands, educated at Harvard and at the College of Physicians and Surgeons, New York, a physician of skill and credit, has had charge of the segregated lepers on the Island of Molokai, says, "Leprosy is assuredly contagious under the same limitations as syphilis. In leprosy the degree of contagiousness is dependent on the external manifestations." When the disease is manifested simply by macula spots or by anæsthesia, it is not so contagious



as when it takes the tubercular form as manifested by mucous patches and ulcers. There is but one opinion among the physicians on the Islands on the subject, and that is that the disease is both contagious and hereditary. Certainly all persons exposed to leprosy do not develop the disease. Occasionally a husband will live for years with a leper wife, and *vice versa*, and not contract the disease. But where there is such an immunity it is fair to assume that the conditions of an abraded surface and the contact with raw surfaces have not been fulfilled. Emigrated Americans and Europeans having intimate intercourse with the lepers, sooner or later take the disease.

The exact period of the incubation stage has never been determined. No primary lesion has ever been observed, and the disease, when first recognized, is thoroughly constitutional. But the period of exposure in individual cases has been ascertained with some degree of certainty, and would indicate a range of from five to ten years from the time of exposure until the development of the disease. Hereditary leprosy develops in children between the ages of five and seven years. This is thought to be a guide as to the period of incubation in acquired cases.

Leprosy on the Hawaiian Islands does not differ from the biblical account of it among the Hebrews. The same varieties are recognized wherever the disease exists. In truth there is but one leprosy on earth, no absolute line separates one variety from the other. One form is inclined more to the tubercular formations in the skin, while another especially affects the nerves, producing anæsthesia and paralysis. But symptoms of each variety are blended and well marked in every individual case.

As for the treatment of leprosy on the Islands, it has not been more or less successful than the treatment of the disease in other countries. The medical profession has simply to acknowledge that it has never cured a single case—not a reliable record can be found to-day of a single cure. No claim is made for any cure among the Hawaiians.

All remedies, which have been tried from time to time elsewhere, have been tried here, and every new therapeutical proposition experimented with. No remedy has exerted any specific action. Some are of undoubted value in strengthening the con-



stitutional powers and in retarding for a time the progress of the disease. Also good diet and favorable hygienic surroundings help to lengthen the span of leper life. But sad indeed is the fate of a leper—before him opens out a miserable existence of gradual decay, of helpless imbecility and a life of despair a thousand times worse than death.

There is a vague belief in the profession that in some mysterious way a relation exists between leprosy and syphilis. This view is not maintained by any modern dermatologists. The microscope, the *sine qua non* of all modern investigation, has demonstrated that leprosy is a parasitic disease. In every case of leprosy the bacillus lepræ is obtained. On the other hand no bacteria or bacilli have been discovered in syphilis.

Leprosy is the oldest known disease, and numbers its years with history. The Hebrews brought the affliction with them into Palestine, and the stringent provisions of the Mosaic laws show how dreadful must have been its ravages and how great the terror while it existed. So strictly was the rule of segregation observed that even kings afflicted with the disease were expelled from their thrones and shut out from society.

Syphilis has no history and no mention was made of it before the fifteenth century. An interesting account was written of it at that time by a monk in a Latin poem. He expressed his dread of the new disease, which spared neither laymen or the holy churchmen and even invaded the precincts of the papal throne. There are probably no two skin diseases in which the differential diagnosis can be made with greater certainty. But the curability of syphilis and the non-curability of leprosy decides beyond any question of doubt the distinct separability of the two diseases. About ninety-five per cent. under modern treatment recover from syphilis, but how dismal the prospects of a leper. Furthermore, the question has been settled beyond dispute that a leper will contract syphilis and with proper treatment recover from it, while the original disease goes on and ends in death.

No form of elephantiasis has ever been known among the Hawaiians.—*By M. Hagen, M. D., Los Angeles, Cal., late physician to the Hawaiian Insane Asylum.*



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OPHTHALMOLOGY IN PARIS.

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We observed the following article in the *Med. Record*, and have taken the liberty to pluck it for the benefit of our readers. —[ED.]

SIR: I had hoped to find time to write to *The Medical Record* from Paris something that would be of interest to physicians. The auspicious moment, however, did not present itself; or, at least, so I fancied, and it amounts to the same. The Christmas holidays, being, like all other holidays, sacredly (?) observed by the Viennese—noted clinicians and all, so wonderfully do the exigencies of suffering mortals adapt themselves to periodical pauses—afford one admirable opportunity of thinking on unfulfilled promises, provided he hasn't too many other such pleasant things to think about. Unfortunately (for my letter), I am not in Paris, that well-spring of originality in medicine. Fortunately (for me) I *am* in Vienna, a place where every man who can, particularly every medical man, should visit; besides, is not Paris but on the way back to America? It is never so satisfactory, either, to write or to read mere recollections in lieu of coeval things, and the only apology for a Paris letter from Vienna must be sought in the statement made at the outset, coupled with the fact that, while the material is drawn chiefly from memory, the subjects are mainly current ones. Though having as an essential mission abroad the looking up of matters relative to special branches, it certainly were not advisable to neglect the progress of the science in general, nor the noting of many other and quite extraneous matters. But if one expects on crossing the Atlantic to find every method an improvement on those to which he has been accustomed at home, he is doomed to be *most happily* disappointed. If he goes no farther than London, he will probably find nothing so good.

The very first thing by which one is struck on the Continent—which, by the way, is more forcible than pleasant or enlightening—is the bad air of rooms in which the clinics of great men are conducted. The Frenchman, be he layman or professional, undertaker, or hygienist, has a mortal aversion to fresh air. The windows of his sleeping apartments are kept scrupulously and



hermetically sealed, even on the most sweltering summer night, as otherwise it would be *very bad for the eyes*. What acts as a preventive of ocular maladies must of necessity be a prime factor in their treatment, so it would seem, for you might hang up your hat anywhere in any room about the Paris eye-clinics. To be sure, that of Professor Panas, one of the very best, held, as it is, on the ground floor of the palatial Hotel Dieu, has the loftiness of the ceilings and general commodiousness to thank for being almost an exception. I have never seen its windows and doors open. The good result obtained amid such wretched surroundings is one of the strongest proofs of the efficacy of antiseptic medicine. And truly do they stand by the latter. The hateful, impish bacillus is hunted down most unrelentingly. If he lurks about the jaws of scissors or the blades of knives, he is suffocated in a twenty per cent. solution of phenol; if he alights on the site of a proposed operation, he is sponged out of existence with sublimate in water; if he hides in an Eustachian catheter, he is overwhelmed and eaten up by permanganate of potash (1 to 500); and in divers anatomical nooks and crannies, whither he betakes himself for mischief, he is shot dead with powder of iodoform. Not only are surgeons' and assistants' hands always washed in sublimate or boric water, and instruments immersed in carbolic, but these same precautions are religiously adhered to throughout *all subsequent interference*.

Another thing I cannot refrain from alluding to while it occurs to my mind. It is the tractability of patients in the Old World, particularly on the Continent. Our American freedom and independence, while they are a privilege and attribute in general greatly to be applauded and admired, may be found sadly in the way of those who seek the benefits to be conferred by disciples of the healing art—to say nothing of the inconvenience they may occasion the disciples themselves. All things else being equal, the European physician will ever accomplish the greater good so long as this difference in disposition remains thus in his favor. It is manifest even among the more juvenile classes. Only a day or two ago I saw a young one of two years hold on tightly with both hands to its nose, while it bore without a whimper the probing and other gouging of an open ulcerated mastoid.

As for anæsthetics, one who has been accustomed to the uni-



formly safe and efficient ether narcosis, when carefully conducted, cannot but wonder at the fearful predilection of the men of Europe for chloroform and its scarcely less treacherous admixtures. Fortunately, they evidence a high appreciation of the value of human life in the discretion with which these things are always administered. The almost universal medium is the Esmarch basket. Pean, however, the most taking, if not the most distinguished, of the Parisian surgeons, in his clinic at the hospital of St. Louis, resorts to the complicated apparatus of Junker, or a similarly constructed one. A word just here as to this gentleman (Pean) might not be amiss. The *personale* of the man, though something unique, owing to his appearing always at the hospital clad in a dress-suit, is most engaging, while his cleverness, skill, and the clearness of his demonstrations are nothing short of extraordinary. The costume referred to, if it be an eccentricity, is certainly a happy one. It must be infinitely less suggestive, if not more inspiring, than the butcher-like garb assumed in most instances. The patient, if, as usually the case, an anæsthetic is to be given, sees before him naught more direful than an elegant gentleman, and, accordingly, feels less like a victim. It is only at the moment of commencing the operation that an assistant ties behind the surgeon's neck a large napkin, sufficiently ample to protect his front—and for each case a fresh napkin.

One of the most striking differences thus far noted between methods at home and abroad relates to the extraction of cataract. Professor Panas has long since, in an excellent paper entitled "The Best Mode of Operating for Cataract," expatiated on the prevailing tendency to return to first principles and procedures; and many have come seriously to doubt if Graefe really did so much in this direction as to merit the world of fame he acquired. Take, for example, the clinic of M. de Wecker—his method consists in the following steps: Hands, instruments, etc., having been disinfected, and the sensibility of the eye annulled by cocaine (an anæsthetic is never given), an assistant lifts and fixes the upper lid, while the operator depresses the lower with the forceps by which he holds the eyeball; then, with a miniature model of Graefe's knife, puncture and counter-puncture are made as usual, but, instead of adhering to Graefe's method, he cuts



straight out, with startling rapidity, either in sclero-corneal junction, or slightly within the cornea, so that the incision is essentially that formerly made with Beer's knife. If, then, the iris promises no serious interference with the exit of the lens, he omits the iridectomy. His capsulotomy consists in one vertical incision. Here he takes the upper lid from the assistant with his left hand, and with spoon in right delivers the lens by gentle pressure. After waiting a moment for the accumulation of aqueous, he milks out, by careful manipulation of the eye through the lids, whatever soft portions of lens substance may have remained behind, in a similarly dexterous manner to that of Dr. Agnew. He then cleanses the wound, and, if necessary, replaces the iris; and it is here that his ingenious little hard-rubber spatula does such valuable service. The operation completed, he proceeds to dress the eye by first applying to the wound, with a small spatula, a paste of iodoform and solution of carbolic acid, very much after the fashion in which the plumber lays cement on a joint of drain-pipe. The rest of the dressing is not peculiar. These operations are all performed on a table in one of the ground-floor rooms, and the patients allowed, immediately afterward, to walk up-stairs.

M. de Wecker extracts alike ripe and unripe cataracts, only making for the latter a somewhat larger incision; and, out of some three hundred extractions yearly, acknowledges a most insignificant percentage of poor results. He considers three weeks sufficient time to elapse before the discussion of secondary cataract. The absence of the blepharostat is doubtless an advantage, since those popularly employed are, at best, but bungling and pernicious instruments. That of M. Landolt, which has no horizontal bar to place beneath the lid, and can be readily removed from position with one hand, seems best to meet the requirements. While touching on ophthalmology, much might be said concerning the telling work of the last-named gentleman, as also of the gifted Galezowski; but not wishing to furnish application for the fable relative to hay in a certain manger, I choose to refrain—your space is too valuable. Though, perhaps, if your readers shall ever sufficiently recover, why, in the language of the polished Landolt, "*un autre jour, un autre article.*"—*C. H. B. in The Medical Record.*



### CHRONIC ENDOMETRITIS\*.

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The uterus may be attacked by inflammatory action upon its mucous surface, its muscular substance, or its peritoneal covering, producing endometritis, metritis or perimetritis respectively. In this paper I propose to speak of chronic inflammation of the mucus surface, known as chronic *endometritis* or chronic *uterine catarrh*. It is a disease of frequent occurrence, and one which often worries the doctor considerably. Almost all women—married women at any rate—know what the doctor refers to when he speaks of leucorrhœa (an incorrect term for endometritis), but they would not likely understand what he meant if he used the term endometritis. Leucorrhœa does not specify endometritis, but it is generally present as a prominent symptom.

*Pathology.*—The pathological condition in chronic endometritis is that the mucous membrane is hypertrophied, and dotted here and there with dark colored extravasations, usually two and sometimes three distinct pathological types being distinguishable in this disease. In the one case the uterine glands are hypertrophied; in the other the vessels are dilated and enlarged, and in the third an “undifferentiated embryonic tissue is produced.”

It must not be forgotten, however, that it is rare that one tissue alone is involved in these conditions, for where one is diseased another is very liable to be. In uterine catarrh or endometritis the condition most frequently met with is hypertrophy of the glands. These glands frequently become so much enlarged that they even crowd upon each other and make the whole uterine surface appear like a glandular surface. In such a case the chief symptom is *leucorrhœa*. In the second pathological condition in which we have enlarged and dilated vessels, the mucus membrane is hypertrophied to several times its normal thickness and feels like a cushion, the glands do not become enlarged so much, and the principal symptom is *hemorrhage*. We seldom have so much leucorrhœa in the second type, and if it be present, it strongly points to a polypoidal state or greatly enlarged glands. Those cases in which the double lesion is present, enlarged glands and thickened mucous membrane with enlarged ves-



sels, are most difficult to manage. In the third type, we have to deal with a condition similar to that found upon an open wound, and the chief symptom in this case is a *muco-purulent discharge*. When chronic endometritis has existed for a long time the mucus membrane becomes atrophied, the cylindrical epithelium is lost, and small "polymorphous cells take their place." If atresia of the cervix occurs it is due generally to a physiological change which takes place after the menopause.

*Etiology.*—In examining into the etiology of chronic endometritis, we find that it frequently results from the acute attack, or is a local manifestation of a constitutional disease. The disease may arise from labor in which all the secundines have not come away, from uterine displacements, from exposures of various kinds during menstruation, from polypi or other tumors in the cavity of uterus. The most frequent cause, I think, results from labor in which involution is imperfect, and from displacements; it is frequent also after abortion. I will say that uterine displacements do not necessarily produce endometritis, because we can have versions and flexions without any symptoms.

*Symptoms.*—In chronic uterine catarrh, leucorrhœa is the leading symptom. The secretion from the body being of a watery nature, less dense and gelatinous than from the cervix. Occasionally it is purulent and accumulates in the uterine cavity. We also have as symptoms menorrhagia, weakness in back, digestive and nervous derangements, anæmia and sterility. When menorrhagia is present it is a dangerous symptom because of the anæmia it produces. The menstrual flow increases until it is prolonged over the inter-menstrual period, and finally the loss of blood becomes continuous. Weakness in the back is the common complaint made by all patients afflicted with this trouble. It is occasionally the case that sterility is the only symptom complained of, which may be explained by the fact that the secretion may either destroy the spermatozoa or prevent them from passing up into the uterus. The ovum may attach itself for some time to the wall of the uterus, but from the imperfect formation of the uterine portion of the placenta abortion takes place, thereby rendering pregnancy next to impossible. It will be seen then



that endometritis follows abortion, and abortion follows endometritis.

*Physical Signs.*—The physical signs cannot always be relied upon, for we often find the same signs present in other diseases that we find in endometritis. If a vaginal examination be made, we may or may not find tenderness, and the vaginal cervix will either be normal or thickened and elongated. The bi-manual examination shows uterus enlarged, and generally soft and flabby. The sound passes nearly three inches—sometimes quite that distance—and is tinged with blood upon withdrawal. The introduction of the sound is difficult and painful, and pressing firmly against the fundus may cause distressing pain or hysterical fits. Ovaritis may exist, in which case the ovaries are enlarged and may be felt by the finger. The sound is a very useful instrument in demonstrating irregularities of the mucous surface, yet I depend more upon the curette than the sound.

*Prognosis.*—The prognosis is generally favorable, but if the disease has been of long standing the patient should not be promised too much, or the doctor may expect to be roundly condemned. If patient is married, pregnancy often cures, providing she can be carried past the aborting period. When there is a strumous tuberculous or syphilitic diathesis existing, it becomes doubly unmanageable.

*Treatment.*—We now come to the treatment of this very common disease. It is not the easiest thing to manage satisfactorily a case of chronic endometritis, and one cannot hope to do much with it, unless the exact pathological condition is kept constantly in mind. One of the very best remedies in this difficulty is prophylaxis—prevent the disease; “an ounce of prevention” here is worth half a dozen doctors, and good doctors too. Do not allow the patient to be exposed in any way during the menstrual period; no lifting heavy weights, no violent exercise, no general bathing, no sexual excess. An excellent remedy often is to send the husband away on a European trip with his mother-in-law. I want to call special attention to one prophylactic measure which is so often overlooked by physicians, and which so frequently causes not only this disease but many others—it is allowing the woman to get up too soon after confinement.



The proverbial nine days, which doctors usually decide that a woman shall remain in bed after childbirth, is a vicious prescription. It is foolishness to argue that, according to the present mode of living, a traumatic womb can involute in nine days. That custom may have answered fifty years ago, but it will not answer now. The length of time in which parturient patients may remain in bed after parturition should be from fourteen to twenty days under favorable circumstances. If the circumstances are unfavorable, the time should be still longer. The people and doctors look puzzled many times, and wonder why so many women have womb disease, when one of the principal causes, in my judgment, is that just named. Prophylaxis, then, is a most potent agent in the treatment of endometritis. It does happen, however, that sub-involution does not take place fully after the greatest care on the part of the doctor and nurse, and the glands of the uterine mucosa become enlarged, hypertrophied, and endometritis results. When that state of affairs exists, it is useless to hope for internal medication alone to cure—it will hardly palliate. The treatment must be local and direct. The mucous glands enlarge and crowd each other until the entire mucous surface is studded with distended glands. The nutritive act is interfered with, because there is obstruction to the capillary circulation in the mucous and sub-mucous tissue. When this state of affairs is suspected, the curette becomes invaluable, not only in determining the condition, but in treating it. Thomas' dull wire curette is probably best adapted to this condition; and having introduced Sims' speculum, and steadied the womb with tenacula, or pulled the cervix near the vulva with volsellum forceps, the instrument may be carefully introduced, and the anterior and posterior walls of the uterus scraped. The scraping process need not be harsh, but sufficient to break down the walls of the glands. It is not always necessary to dilate the cervix, but it is much easier to apply remedies where it is dilated. I have abandoned the use of sponge tents in dilating the neck, because they are potent carriers of septic material. I use either tupelo tents or dilators, and much prefer slow dilatation in this disease. After the curetting process is completed, and the debris scraped out of the cervix, a sound wrapped with a thin layer



of absorbent cotton, and dipped in strong carbolic acid, is introduced into the body of the womb and applied. Iodine, pinus canadensis, or nitric acid, may be used instead of carbolic acid, and the patient requested to remain in bed for a week. These applications should not be made oftener than once every twelve or fourteen days. The application is not painful if carefully done, but inflammatory action may run up a little on the second or third day, yet it greatly facilitates the cure. The curette should never be used when there is tenderness in the anterior or posterior fornix, when the neck of the womb is immovable or tied down by adhesions, or when there is marked tenderness upon digital examination. The local treatment is to be accompanied with internal treatment of iodine, iodide of potassium, or iodide of arsenic. Cold baths or sea bathing aid in the cure. Prolonged dilatation for the purpose of allowing easy exit to discharges, as well as to facilitate the application of remedies, is being practiced now, and promises good results. In the second condition, in which the blood vessels are dilated and the uterine mucosa is thickened, the treatment must be different. In such cases I recommend the patient to sit in a tub of very hot water for one-half to three-quarters of an hour at a time, keeping the feet and the body out of the water. Injection into the vagina of hot water, one gallon or more at a time, twice a day, with patient in recumbent position, is of paramount importance. The vaginal injections are rather more servicable in this condition than in the preceding one. In these last-named cases an examination should be made to ascertain whether there is any displacement of the uterus, and if there is, a cure could not be effected until it is rectified. I do not use pessaries, except those made from cotton flannel or absorbent cotton, which I remove every second or fourth day. Of course the pessaries are antisepticised. In flexions and versions, the trouble is not generally with the arteries, but the veins; the blood gets into the uterus well enough, but it has trouble to get out, on account of the venous congestion. Internally, in the second class of cases, I recommend ergot, hamamelis, pulsatilla and iron principally. In addition to these means, I order rest in the reclining position during menstruation, freedom from all



veneral excitement, with mental quietude. Do not allow the patient to think about the disease too much, but engage in pleasant literature or social conversation. Electricity is quite highly extolled as a curative agent in endometritis by some writers, but I have never used it myself, and therefore cannot speak of its merits.—*Prof. G. A. Rowe, M. D., in American Medical Journal.*

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### LLOYD'S HYDRASTIS.

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With a few exceptions, physicians everywhere know the value of hydrastis canadensis. There are few medicines that enjoy the reputation of more positive therapeutic effects than this, and we prescribe it with a certainty and confidence that are wanting when we prescribe many other medicines. Hydrastis is an old remedy. It is a safe medicine, and yet potent. We have used it freely and continuously for many years, and know of nothing that can take its place.

As a constitutionaal remedy, or to influence the general system, and special parts, by taking it into the stomach, we realize from hydrastis most excellent results in many cases. It relieves irritation of the alimentary mucous membrane, favors and hastens the healing process in cases of ulceration of the mouth, stomach or intestinal canal, improves nutrition by aiding the process of digestion, and upon the genito-urinary organs of both male and female it exerts a marked and specific influence. By giving it in liberal doses it restrains gleety and leucorrheal discharges; and in uterine weakness, menorrhagia and ovarian congestion, it is a first-class remedy. We may use it alone to extend the intervals between menstrual periods, where they occur too frequently, and are too free, or we may combine it with other uterine tonics: *R.* Lloyd's colorless hydrastis,  $\bar{3}j$ .; fluid ext. mango bark,  $\bar{3}ss$ .; Hayden's viburnum compound,  $\bar{3}ss$ .: syr. simplex,  $\bar{3}ij$ , *M. S.* One teaspoonful four times daily, during the interval. When the menses appear and are too free, add fluid ext. ergot,  $\bar{3}ij$ ., to the prescription, and continue. In very bad cases of menorrhagia we add half an ounce of the ergot, and order a dose taken



every three hours until the discharge is restrained. These combinations, varied a little to suit the circumstances, *will give satisfaction.*

In atonic dyspepsia, enfeebled digestion resulting from lingering disease, Lloyd's hydrastis is a first-class remedy:  $\mathcal{R}$ . Lloyd's hydrastis,  $\mathfrak{z}$ ss.; elixir lactopeptine,  $\mathfrak{z}$ iiijss. M. S. One teaspoonful before and after meals. In cases of children the doses should be smaller. We have found this prescription of great value in lingering cases of indigestion following summer complaints of children; and a more acceptable, palatable and effective restorative to the digestive organs, under all circumstances of feeble digestion, is not readily prepared.

As a local remedy in stomatitis, ophthalmia, gonorrhea, cervical inflammation and uterine ulcerations, it is the principal remedy. In ordinary or ulcerated sore mouth:  $\mathcal{R}$ . Lloyd's colorless hydrastis,  $\mathfrak{z}$ ss.; Listerine,  $\mathfrak{z}$ ss.; water,  $\mathfrak{z}$ j. M. Apply with a camel's hair brush every one, two or three hours. This is also a fine application for nursing sore mouth. In purulent ophthalmia:  $\mathcal{R}$ . Lloyd's colorless hydrastis,  $\mathfrak{z}$ j.; cocaine, gr. v.; water,  $\mathfrak{z}$ iiij. M. S. Drop into the eye every two or three hours. In cases of vaginal irritation, smarting, burning and itching inflammation, accompanied by acrid discharges:  $\mathcal{R}$ . Lloyd's colorless hydrastis,  $\mathfrak{z}$ j.; chloride of sodium,  $\mathfrak{z}$ j.; hot water, Oj. M. S. Inject the vagina and wash the external parts thoroughly with this twice daily, using it as hot as can be borne with comfort. In cases of cervical inflammation and ulceration of the os uteri:  $\mathcal{R}$ . Lloyd's colorless hydrastis,  $\mathfrak{z}$ j.; Listerine,  $\mathfrak{z}$ j.; distilled ext. hamamelis,  $\mathfrak{z}$ ij. M. S. Saturate a pledget of antiseptic cotton with this mixture, and through a speculum (Stauffer's is the most convenient) place it in the vagina, against the os, and renew twice daily.

We might extend this paper almost indefinitely, but we have said enough to suggest the nature of this remedy, and stimulate an interest in its use, and this is enough, for when its value is once known, it is never forgotten.—*Geo. C. Pitzer, M. D., in the American Medical Journal.*



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**TRICUSPID REGURGITATION RESULTING FROM  
PRESSURE EXERCISED BY PERITONEAL  
EFFUSION.**

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February 20th I was called to see James M., aged 60. Weight 145 pounds. His general health had been excellent. Never had rheumatism or any disease of the heart; in fact, as he expressed himself, this would be the first time in his life that ever he had taken a drop of doctor's medicine. Upon my arrival I found him suffering from a severe attack of peritonitis. He informed me that a few days previous he had been seized with a violent pain which extended over the whole of the abdomen, and that he could not bear the slightest movement or pressure in that part. He lay on his back with his knees bent and legs drawn up. The bowels were constipated; tongue furred; constant nausea; breathing accelerated; skin dry and hot; the pulse rapid and weak. The case ran the usual course till the 10th day after my first visit, when I found a considerable amount of peritoneal effusion had taken place, and was surprised to discover some derangement of the heart. Upon examination tricuspid insufficiency was evident. Auscultation at the right auriculo-ventricular opening detected a prolonged first sound and a tricupsid regurgitant murmur. Pulsation of the jugular veins was observed to be synchronous with that in the carotid arteries. When, however, the patient assumed the erect position the heart symptoms almost entirely disappeared, clearly indicating that they were due in some way to the pressure of the peritoneal fluid.

Dr. Passerini, in the "*Gazz. degli Ospitali*," says he believes the heart phenomena in such cases are produced mechanically by pressure in two ways: 1st. Owing to compression in the abdomen is produced venous ischæmia, while in the thorax there is venous hyperæmia, and as a result of those conditions engorgement of the right side of the heart. 2d. Owing to the gravitation of the peritoneal fluid when the patient is in the recumbent position, the diaphragm becomes fixed, free expansion of the lungs is prevented, and hence the flow of blood through them is obstructed. In support of his theory, Dr. Passerini refers to the heart phenomena sometimes to be observed in advanced stages



of pregnancy and ovarian tumors. That pressure is the indirect cause which produces those phenomena, there can be but little doubt. But we must also bear in mind that the forces which drive the blood through the lungs—when the obstruction takes place—are not entirely mechanical, but in part chemical. If from pressure the free expansion of the lungs is interfered with, preventing the admission of the proper amount of air, the blood is, of course, hindered in its passage through the alveoli. In cases of death by hanging or choking, the right side of the head is always found to be distended with blood. And why? Because the air had been prevented entering the lungs, indicating that the chemical process of aeration is necessary for the natural flow of blood through those organs. While such cases as the one above related are of rare occurrence, it is, nevertheless, a matter of some importance to clearly understand that the derangements of the heart observed are purely functional; dependent indirectly upon mechanical influences and not the result of any organic lesion. Much alarm might easily be caused by basing the diagnosis and prognosis upon the murmurs alone, without any reference to the patient's past history or present physical condition. It is, therefore, well for the medical man to examine carefully into all the details of the general condition of a patient presenting heart symptoms, lest by basing his diagnosis upon the murmurs alone, he should give an unfavorable opinion, much discouraging the patient and his friends, and afterwards surprising himself to find that coincident with the improvement of the patient's general health there is a complete disappearance of the dreaded heart murmurs.—*J. B. Kennedy, in The Medical Age.*

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### IODIDE OF POTASSIUM IN THE TREATMENT OF TYPHOID FEVER.

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In the January number of the *Medical Brief* for 1881 appeared an article on the above subject, clipped from the *Pacific Med. and Surg. Journal*, written by Dr. W. Oatman. In this article the doctor advances the theory that from some cause "the lacteals lose their elective affinity, on account of which these vessels absorb *excrement*, and carry the same along with the nu-



tritious matter, through the special channels, and empty all into the heart, which effete matter thus enters the blood, and gradually poisons the whole man; and thus typhoid fevers are produced."

As iodide of potassium is one of the greatest glandular alteratives we have, he claims that it is *the* remedy to overcome the torpor of these glands, and thus remove the *cause* of the blood poisoning; and that the medicine also assists in eliminating the febrile poison from the blood. The more prevalent theory in regard to the cause of typhoid fever is that it is the result of the inhalation of animal *miasmata*; that is, effluvia from animal matter in a state of decomposition. While this is true to a certain extent, there are other exciting causes. The water of some wells and springs becomes so impregnated with mineral matter during protracted droughts that it will produce typhoid fever or dysentery in persons who use it for any length of time.

But it is not my purpose to discuss at length the causes or symptoms of typhoid fever in this paper, but to give my experience in its treatment with the use of iodide of potassium. Though the paper above referred to, written by Dr. Oatman, has been written several years, I neglected to give iodide of potassium a trial in the treatment of typhoid fever until the past summer; hence my experience with the remedy in this direction is yet quite limited. But I have treated several cases of typhoid and typho-malarial fevers (and there is very little difference in these two classes of fevers), since I began to use iodide of potassium in them, and I have had some very happy effects from the use of the remedy. Some very marked cases of typhoid fever yielded to the iodide of potassium treatment in from five to ten days after beginning treatment. If the case is taken early, no enteric stage occurs, as the disease yields before the time for that condition to set in.

I have no "*specific indications*" for its use in these fevers, but use it indiscriminately in all cases presenting marked typhoid symptoms. A dry and parched tongue will usually get moist in from one to five days by the use of the remedy. The usual dose is five grains every three hours. Of course I do not use this remedy to the exclusion of all others, but I use such other



remedies as may be indicated. I have the patient bathed in tepid water every other night, and the clothes on the patient and bed changed frequently, and have the patient take as much nourishment each day as can be digested and assimilated, and this is offered in as palatable form as it can be prepared.

Of course my experience with iodide of potassium in the treatment of these fevers is too much limited to be conclusive; but it is my opinion that it will very much shorten the duration of nearly every case, if begun in time; and I trust that this brief paper may act as an incentive to some of my professional brethren, and that it may lead to still further investigations of this remedy in typhoid and typho-malarial fevers.—*W. A. Jones, M. D., in The Eclectic Medical Journal.*

### A STRANGE PLACENTA.

On Feb. 10th, Mr. C. came for me to go and see his wife, who he said was suffering excruciating pains. Arriving at his house, I found the lady in bed, also a foetus of about five months gestation. In questioning her, I found that nine or ten weeks previously she had procured some gossypium and ergot, and taken them to produce an abortion, and thought she had succeeded in doing so. About eight weeks previous to the time I was called she began flowing, which continued a little until the foetus came away.

I examined her and found the womb in a very relaxed and dilated condition; the afterbirth had not come away, and I feared hemorrhage, if I should take it just then. I commenced giving ergot to produce contraction, and thought probably it would be expelled by this means. I remained with her several hours, but the oxytocics had no effect whatever. Gave directions to continue the medicine during the night. In the morning found my patient just as I had left her; the womb just as flaccid and relaxed; had no hemorrhage or pain. I now made up my mind to remove the secundines; made an examination, but found nothing until I inserted my hand into the womb, where it came in contact with a small fleshy ball, which I took away. This proved to be the only thing I could find, but it certainly was the



strangest placenta I ever saw. It was globular in form, about the size of an egg, and in consistence and appearance not unlike a piece of veal, only perhaps a little more friable, containing no more blood than a piece of veal the same size would contain.

No hemorrhage took place. The woman made a rapid recovery, and at this date, twelve days afterwards, is quite convalescent.

Now, what puzzles me is how the child received nourishment through what seemed a bloodless placenta. The child looked as though it had been well nourished, and certainly it could not have been dead long, for it looked perfectly natural. My theory is that the medicines she took to procure the abortion caused a degeneration of the placenta, and gradually diminished the foetal circulation, also caused the flow that existed previously, but how the foetus remained so long in such a good state of preservation, and the afterbirth so entirely changed, is a mystery to me.—

*Maggie J. Trevitt, M. D., in The Eclectic Medical Journal.*

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#### EFFICACY OF OX GALL IN REMOVING IMPACTED FÆCES.

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Of the efficacy of Ox Gall in removing impacted fæces which I have repeatedly proved, the following case will serve as an example:

I was requested to see W. J. B., aged 40 years, of full habit, who was suffering from pain and great distress in the right iliac region, preventing rest and sleep, and causing constant moaning. He had been confined to bed a fortnight with these symptoms, during which time he had been treated antiphlogistically for peritoneal inflammation; calomel, drastic cathartics, and castor oil had been repeatedly given, producing only a very slight fæcal evacuation each day; calomel and ipecac, and calomel and Dover's powders had been continued in small doses; his mouth had been touched for more than a week; leeches had been repeatedly applied, and a blister at this time was vesicating the part. In the afternoon mucus appeared with the discharge, unaccompanied by tenesmus; the skin was soft and clammy, the tongue pale and



moist, and the pulse 80 and soft, while the natural rotundity and softness of the abdomen existed, except in the right iliac region, which was preternaturally full. A hardness was here discoverable as of a tumor lying deeply in the abdomen, occupying the seat of the cæcum and ascending colon, which was very painful upon pressure. Upon inquiring as to his previous health, he said that for the last two and a half or three years he had been subject to frequent colicky pains, for which he would every week or two take a cathartic dose of calomel at night and follow it with salts in the morning. A small motion would be the only result, with the invariable feeling of not being relieved. My diagnosis was a distended cæcum, the distension ascending to the transverse colon, with incipient ulceration of the mucous membrane at this part.

R. Fellis bovini inspissat. gr. iv.

Ft. in pil no. i.

Give two pills three times a day. I also ordered an enemata of diluted beef's gall to the amount of two quarts to be given night and morning, also broth and farinaceous drinks. The first enema extended to the part affected and produced a quantity of scybalous fæcal matter, such as he had not been accustomed to see, with some mucus. Some alleviation of his distressed feelings followed this evacuation. The enema was repeated the next morning and evening with the effect of an increased quantity of old fæcal matter and less pain afterwards in the iliac region. Considerable exhaustion following the morning enema, it was thought better to omit it in future, and give two pills four times a day at regular intervals and use the injection at bed-time only. This course was pursued for ten or twelve days, resulting in a voluntary fæcal evacuation in the morning, which had the appearance of long impaction, and a quantity of the same in the evening, believed by the patient to have been by him two years. The abdominal distress abated as the old fæcal matter passed off, and the mucus daily lessened in quantity. He convalesced steadily, without any other medicine, and was soon discharged cured.—*J. S. Silliman, M. D., in Massachusetts Medical Journal.*



**FATAL INJURY OF THE CAROTID ARTERY BY  
A FISH BONE LODGED IN THE PHARYNX.**

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At the Medical and Chirurgical Society of London, a case was described of fish bone lodged in the pharynx that ended fatally through penetration of the left common carotid. A boy, aged 9 years, six days after swallowing a fish bone entered the London Hospital. A probang was passed and he was sent home. Later severe symptoms required his readmission. He had fever, stiff neck, profuse salivation, could not swallow solids; there was a tender lump opposite the cricoid cartilage. Hemorrhages from the mouth set in, when perforation of the carotid was diagnosed and the artery ligated. The fish bone was found in the clot at the site of the wound. Ten days afterwards the patient died from abscess in the left brain.

In this case no mention is made of laryngoscopic examination, a point so frequently neglected. It is possible that the bone may have been within reach of such examination before use of the probang, which naturally, if not removing the foreign body, would force it lower and, as in this case, drive it into the tissues.

Careful laryngoscopic examination is essential in all cases of foreign body in the upper pharynx. In the *Courier*, from time to time, remarkable cases have been described in which, through neglect of this aid to diagnosis, patients have been allowed to suffer unrelieved for long periods of time, constantly being in danger of most serious consequences.

Not long since the writer had occasion to remove a splinter of bone lodged for several days across the pharynx, the point fixed anteriorly into the thyroid cartilage. The patient naturally had suffered much and showed it in her appearance. The relator of this fatal case of foreign body gave also an abstract of forty-four cases of wounds of blood vessels by foreign bodies introduced through the mouth: Thoracic aorta, twenty-two; carotids, twelve; pulmonary artery, one; heart and right coronary vein, one; vena cava, three; azygos vein, one; inferior thoroid vein, three; abnormal subclavian artery, one.



### THOSE "SHINGLES"—THE BLOOD CURE.

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As I get old, it is a great bore for me to write for medical journals; I hardly ever do so, unless something stirs me up to a sense of duty. Seeing Prof. Howe's article in the December number of the *Journal* reminds me of a treatment I have pursued with uniform success for many years. I learned it from an old grandmother.

The Professor says, shingles is one of the easiest diseases to diagnosticate, but not to cure. Very true, except the "cure," so far as my experience goes, having never failed to cure the disease in three or four days. I see in the February number of the *Journal* Dr. Kingour extols the virtues of Rhus. Doubtless it is good, like Prof. H's prescription of tar water, hamamelis, and mercury bichloride, but still in the light of present experience, I regard the "blood cure," as I term it, far more rapid and efficacious.

Many years ago I had a little daughter, four years old, attacked with the disease. I tried various remedies, without the least benefit. At last old Grandma P. said, "Doctor, I can cure Jennie of them shingles." "I wish you would do it, then," I replied, "for it's more than I can do." "Get me a chicken out of the coop," said she. I did so; meantime she had the child stripped to the waist. Taking the unfortunate fowl, she quickly wrung off its head and let the warm blood run all over the eruption, saying, "There now, let the blood dry on." The next morning patient much better, when another chicken was called upon to offer up its life as a sacrifice; also on the third morning, when the case was pronounced well.

From that time to this I have never pursued any other treatment, not even internal measures, but should not hesitate to do so if they were required. I leave to the theoretically inclined to offer a satisfactory solution of the *modus operandi* of cure.—  
*J. W. Pruitt, M. D., in The Eclectic Medical Journal.*

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**Notice of Removal.**—Dr. T. Gaillard Thomas has removed from 294 Fifth avenue, New York, to 600 Madison ave., between Fifty-Seventh and Fifty-Eighth streets.



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ULTRA SCIENTIFIC MEDICINE.

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While we would not decry the labors of men of honesty and merit in the domain of scientific research, we would still beg their followers to allow a little praise to the host of honest practitioners who are forced by circumstances to plod along in what is sometimes sneeringly termed "the same old rut." A very large majority of physicians in this country have not had the advantage of extended laboratory investigation or of years of study in the foreign universities and clinics; many of them have not had the advantages of a thorough preliminary education; a host of them have received their medical training under adverse circumstances, having attended lectures long before the cry of a "higher medical education" was heeded by the colleges, and yet these men form the bulwarks of medicine in this country, and in their various spheres accomplish as much good for suffering humanity as do those who decry their modest pretensions.

*We have heard* of a noted professor who, having studied out a scientific treatment for diphtheria, carried it out in his practice, and lost nearly 50 per cent. of his cases, while an *old fogey*, as he would be called, struggled along through the same epidemic with his old and tried remedies and lost but about 15 per cent. His prescriptions would have been laughed at by his famous rival; they would have been called incompatible, unscientific, but his patients got well, and after all that is what we are working to do.

Let research continue, let those who can, strive to wrest from nature her secrets of aid and cure, but do not let us permit the *dillitanti*, ultra scientists in medicine to decry everything that has not come through them without a protest.—*Peoria Medical Monthly*.

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E. J. Edwardes, M. D., M. B., M. R. C. P., 17 Orchard street, Portman square, London, W., says: I am highly pleased with *Bromidia*, which I consider to be an admirable combination. In the cases in which I have used it its action was gentle and certain without any unpleasant after effects, such as headache, etc.



### IT WILL PAY YOU.

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It will pay you whenever you find, by experience, that a preparation made by one manufacturer will do good work for you, to prescribe only that particular preparation made by that particular manufacturer, and not to let your local druggist substitute some other preparation, *otherwise your reputation will suffer*.

It will pay you to try Lactopeptine in dyspepsia, as it is the best anti-dyspeptic remedy yet used by me.

It will pay you to try Bromidia, as it certainly is the best hypnotic.

It will pay you to try Celerina, as it is by all odds the best nerve-tonic.

It will pay you to try Cosmoline, as it is the best and most soothing of the petroleum preparations.

It will pay you to try Peacock's Bromides in epilepsy, uterine congestions, and all reflex neuroses, as it is beyond all question the best nerve sedative.

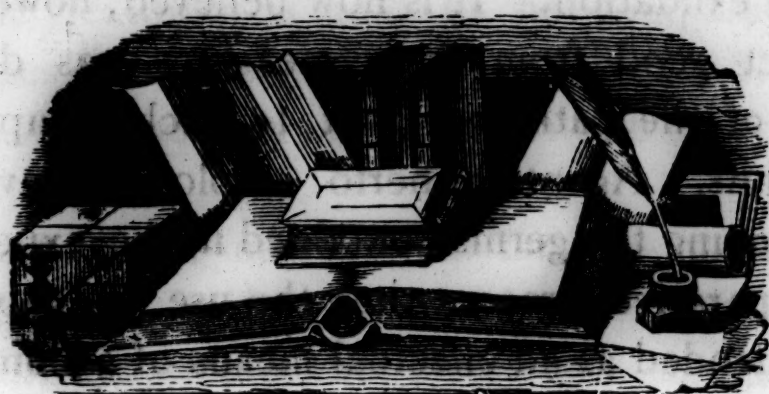
It will pay you to try to use only pure drugs, and genuine makes of manufacturers, avoiding all substitutions, imitations, and "just as good" preparations.

It will pay you to know that some manufacturers *excel* in the manufacture of some one or two special preparations which they have learned, by long experience and study, to make better than other manufacturers.

It will pay you to designate the name of the manufacturers in all your prescriptions, and to keep your eyes open, read all the advertisements in the medical journals, look out for your reputation by trying to get hold of the best preparations, and do not be influenced by your druggist.

Finally, it will pay the prescription druggist to keep on hand the very best and purest drugs manufactured, and to *never* substitute, as he will thereby gain your confidence and get your prescriptions.





## EDITORIAL.

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**Destruction of the Diphtheritic Membrane.** — The symptoms of diphtheria, which prove of serious character, almost universally follow upon the appearance of the exudation in the throat, and the danger lies in one or two of the results of this exudation, viz: asphyxia through obstruction of the respiratory passages, or else from the depressing influence of the disease upon the system. In the latter case there is reason to believe that the constitutional effects are the result of absorption of poisonous material existing in the membrane, which, having once been expelled from the system, acquires an increased virulence upon its second entrance into the circulation, and develops a condition of extreme malignancy, rapidly prostrating the vital energies, producing paralysis of vital operations, or so depressing the reparative forces as to result in rapid and fatal destruction of tissue contiguous to the point of exudation.

If the exudation of diphtheria be possessed of intensely poisonous properties, and its absorption into the system be the cause of the singular fatality which not unfrequently attends epidemics of the disease, it seems highly proper and important that measures, which will succeed in the destruction of the exuded material before absorption can take place, should be adopted in the treatment.

Acting upon this hypothesis, physicians have employed various escharotics by local application to the exudation for years past,



but with no apparent good result, and the failure of such measures has led to quite a general disbelief in the opinion that the gravity of the disease was due to the absorption of septic material from the exudation. It is now believed, however, that the failure to effect good from these measures was due, not to a mistaken idea of the pathology, but to lack of application of the proper means. Agents hitherto employed have lacked the power of destroying the germs contained in the exudation.

Within comparatively recent time the use of galvano-cautery has been commended as an effectual means of accomplishing the desired result, and clinical reports tend to corroborate what was claimed by the introducer of the scheme. Doubtless more is claimed for the method than it will accomplish, such is the way of the medical world, but there is a show of reason about the proposition which should command a respectful consideration. We have all learned that electricity is a powerful purifier of decomposing matter, and from its power to completely penetrate animal tissues there can be no limit to its permeation if the poles be so placed as to conduct the current in the proper direction. It seems to us that the destructive influence of the galvano-cautery is hardly a desideratum, that even the ordinary galvanic current as generated by any reliable battery ought to accomplish the desired result through its disinfecting power—neutralize the virulence of the membrane. To those possessed of a galvanic battery, and having no galvano-cautery apparatus, we would suggest the trial, if so unfortunately placed as to have an epidemic to contend with. A bit of moistened sponge fastened to the extremity of a metal conductor, attached to the negative pole may be applied to the exudation while the positive is applied to the surface in such a position as to direct the current through the point of localization.

Dr. Bloebaum, a Prussian physician, is the introducer of the project of employing the galvanic-cautery for this purpose, and an account of some of his experiments, is quite interesting. He found that pigeons upon whom the diphtheritic membrane was developed, and which had already become cyanotic and unable to feed, would, after a single cauterization within twenty-four hours fly about and begin to feed, and in a few days be as well



as ever. After a series of experiments of this character he began the treatment upon patients affected with the disease, and immediate results of favorable character followed a single cauterization. The treatment is said to be comparatively painless. Fever subsides soon after the first application. No inflammatory secondary effects occur and no constitutional treatment is demanded.

In February of the current year Dr. A. Jacobi read a paper before the Medical Society of the State of New York on the use of papayotin, the juice of the melon-tree of South America in the treatment of diphtheria. This substance possesses the property of dissolving fibrin, and Dr. Jacobi has found it reliable in dissolving the diphtheritic membrane when applied in the form of a spray or with a brush. He employs one part of the drug to two of equal parts of glycerine and water, making the application once every hour. The advantage of the galvano-cautery over this application would be the superior antiseptic properties possessed by the electrical current.

**Phosphorous Poisoning.**—A case in Court in San Francisco, in which a physician is charged with wife murder by phosphorous poisoning has been attracting the attention of the profession on this coast for a number of weeks back, especially as the testimony of medical experts has been considerably at variance, and in some cases widely diverging from the statements of standard authors on toxicology. In some instances witnesses have testified with emphasis upon points in which it seems that either the testimony emanated from minds biased by prejudice or muddled by ignorance.

At the autopsy, made shortly after the death of deceased an ulcer was found near the cardiac extremity of the stomach and upon this great stress was laid, as it was proposed by certain of the experts, that a portion of phosphorous had lodged in that location and produced the erosion. The testimony of standard authorities, however, is that phosphorous does not produce gastric ulceration by virtue of contact, but by its specific influence, through the circulation, on the gastric follicles. It is asserted that in order to prove poisonous, phosphorous must be minutely



subdivided. Experiments on dogs have shown that lumps of phosphorous may travel the entire length of the intestinal tract without producing loss of weight or other appreciable disturbances.

A garlicky odor noticed at the autopsy was dwelt upon strongly by the prosecution as an evidence of the presence of phosphorous poisoning, and this, followed by luminosity on application of Mitscherlich's test, seemed to corroborate the suspicion, but it was shown by the defense that sulphide of calcium and Fellow's hypophosphites had been administered by the attending physician shortly before death, and Professor Logan testified to having produced luminosity from Fellow's hypophosphites with Mitscherlich's apparatus. The penetrating character of the odor of sulphide of calcium, in combination with that of intestinal gases, renders it not at all improbable that such a combination might have furnished the garlicky odor which so impressed the olfactories of the knowing experts.

Among other points raised by the prosecution was that there was atrophy of the liver, which was asserted to be a symptom of phosphorous poisoning. Observation, however, has shown that it is only in chronic phosphorous poisoning that the liver becomes atrophied, a hypothesis hardly in unison with that of the ulcer caused by the direct influence of a considerable quantity of the agent, and chronic cases are very rare. As a rule phosphorous poisoning results in enlargement of the liver, attended by fatty infiltration.

At the present writing the case has not terminated, and we are not prepared to express an opinion as to its final issue, but it is painfully apparent that in the prosecution prejudice has led medical experts to some very reckless statements. Justice demands that the guilty be punished, but let not our zeal in bringing the guilty to justice prompt us to do violence to science, degrade an honorable profession and injure an innocent party by representations which cannot be established by actual results.

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**Supporting the Perineum.**—A great many medical men have vague ideas of the proper plan of supporting the perineum,



and it is not unlikely that more lacerations occur than if this subject was not broached in medical colleges.

A distended perineum will take much better care of itself if left alone than when ignorantly meddled with. For years we have been in the habit of applying hot cloths to the vulva during the latter part of the second stage of labor, and believe that the procedure is attended by good results. We believe that such applications, repeated sufficiently often to keep up a condition of moist heat at as elevated a temperature as the patient can endure not only tends to relax rigid structures, but increases the efficacy of the expulsive forces, thus earlier terminating the final pang.

In supporting the perineum, we have long made use of the method recently recommended by a German physician, Dr. Mekertschrautz. This consists simply in placing the palm of the hand over the globular mass presented by the perineum carried outward by the advancing head, and grasping it with the fingers on one side, and the thumb on the other. In this manner tension is made upon the lateral portions of the distended part, and they are drawn forward to relieve the strain upon the line where the structures are thin and liable to give way.

In an average obstetric practice extending over a period of nearly seventeen years, in which forceps have been applied frequently, we have never yet had the misfortune to leave a lying-in woman with a lacerated perineum. If attempts at supporting the perineum cannot be made intelligently and to the effect of lessening the strain on the median line, the part had better not be meddled with, but left to the efforts of nature. After the head is extended in forceps delivery the instruments should be removed before the head passes through the vulvar aperture and time allowed for the perineum to relax gradually. No accoucheur would be justifiable in dragging the head through the soft parts with instruments.

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**Sulphate of Aniline in Epilepsy.**—Among the new remedies lately mentioned is the sulphate of aniline which the editor of the *Medical World* commends in the treatment of epilepsy and infantile convulsions. One grain of the salt was employed for a dose for infants and children under ten years of age. It was



dissolved in water acidulated with a few drops of diluted sulphuric acid. Two grains is the dose recommended for adults. In either case the dose should be repeated two or three times daily. If among the later means recommended we shall be enabled to treat epilepsy with some degree of success, a stride will have been made in an important direction.

The success which has attended the use of *œnanthe crocata* is very flattering, and reports of its value are numerous. From a limited use of the drug, we have a high opinion of its potency in this usually intractable disease. Advocates of the bromide treatment may have had permanent benefit follow the use of the bromide salts, but we, while having seen fine results follow, have in some cases found the result to be a final failure of influence and a relapse into a condition worse than before treatment.

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**Jaborandi in Scanty Menstruation.**—Hale in his "New Remedies," suggests the use of Pilocarpine in attenuated doses in cases of women suffering from arterial fullness, the result of delayed or scanty menstruation. In a number of cases we have acted upon this suggestion, and have been pleased with the result, though we have usually employed the fluid extract of jaborandi in ten drop doses, repeated three or four times daily.

In a recent case where a chronic endometritis had been followed for about three years by scanty, almost colorless menstrual discharge of only half the time of continuance previously habitual, we employed the jaborandi in this manner with flattering results, the first menstrual period continuing four instead of the common two days. In conjunction with weekly applications of galvanism to the uterus, we are curing the patient of the cause of a very unpleasant train of symptoms.

The use of the remedy may be begun about a week prior to the time of expected menstruation and continued until the period is passed.

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**Marriage.**—We are in receipt of the wedding cards of S. L. Blake, M. D., of Weaverville, Cal., one of the early graduates of our College, and his newly wedded better half, *nee* Encie May Norcross. This is not the first good word we have had from Dr. Blake. We wish him joy and prosperity in his new departure.



**Graduating Exercises.**—The graduating exercises of the seventh regular session of the California Medical College (eclectic) were held in Hamilton Hall, on Thursday, April 22nd, at 8 o'clock P. M. The following programme was rendered:

1. Organ—"Overture to Zampa" ..... Herold.  
Miss Helene Coe.
2. Invocation ..... Rev. Seneca Jones.
3. Double Male Quarett ..... Selected.
4. Vocal Duet ..... "Semiramide."  
Miss G. Patterson and Mr. C. Dickman.
5. Address ..... Prof. H. T. Webster.
6. Vocal Duet ..... Selected.  
Messrs. E. Moore and G. Mills.
7. Vocal Solo—"Good Bye" ..... Tosti.  
Miss G. Patterson.
8. Conferring of Degrees ..... President D. Maclean.
9. Chorus—"Waltz" ..... Vogel.
10. Benediction ..... Rev. Seneca Jones.  
Miss Helene Coe, Accompanist.

The candidates for graduation were C. E. Bainbridge, Wm. Cartlidge, A. M. Gleason, M. F. Grove, T. D. Hall, J. W. Huckins, G. L. Long, J. W. Payne, F. G. Powers, B. H. Schacht, J. Snook, E. Selzer, A. W. Williams and J. M. Young.

#### FACULTY ADDRESS.

LADIES AND GENTLEMEN:—My remarks this evening will be brief. Addresses on such occasions as this are usually too lengthy. Very few of you came here to listen to an address. At this time a speech of any great length would be voted a bore.

This occasion is one of the important epochs in the lives of these ladies and gentlemen who are about to graduate, and they ought to claim your attention. You may have not been prepossessed with medical students. Very few people are. Medical students are never angels until they grow wings. A London newspaper a few weeks ago, in commenting on an elopement that had recently occurred, remarked of the young man principal "that he was a gentleman, but he was a medical student," as though the latter fact was sufficient to condemn him in all good society.

Well, medical students are not perfect. They are "coltish," full of irrepressible life, not of a bad tendency, but of that character that must boil over occasionally. They are hard workers, but



recreation with them is proportionately boisterous. Sham battles with cushions, rough-and-tumble, catch-as-catch-can, Græco-Roman and other little amusements are often indulged in to the damage of furniture. Unfortunately, furniture suffers oftener than heads. Probably if we except students of law and theology, medical students are the worst pills in the box.

But, these ladies and gentlemen have now passed the stage of incubation. They are not to be counted as medical students from this night, but as M. D.'s. However, we have striven to inculcate the idea that an investigating medical student is much superior to a stupid M. D.; that titles amount to little unless worthily conferred; that in order to be a successful physician, one must devote his entire life to study. Therefore he will never cease to be a medical student. Then these before you, we hope, in receiving the title M. D. will simply assume the dignity commensurate with the position they occupy and continue to explore the field of medical science with more earnestness than ever, seeing that not simply the obtaining of a diploma is before them, but the great battle of professional life.

And now let me say a few words in favor of the modern medical graduate. There is no branch of knowledge wherein more rapid progress has been developed within the last ten years, than in medicine and surgery. If the medicine of a hundred years ago, with its crudities and fallacies, was a science, what would its votaries of that time think of it to-day if they could come back to earth? Medicine is an evolution. The knowledge possessed of it to-day is a stepping stone to what the morrow will develop. Every year brings its quota of important and valuable additions to what is already known in its various branches. Some physicians keep up with the times by the reading of medical periodicals and modern text books. Medical teachers are obliged to do this in order to sustain the standing of their institutions, but many of the older physicians neglect this matter. They are too busy, too much occupied with professional and financial affairs to attend to the rapid advance which medicine is making, and they are consequently often poorly qualified to administer to their patients the best methods of treatment. True, there are many old things which will always be



good, but many old ideas have had their day because supplanted by something better. Some physicians never have more than one year's experience, for the plans of treating disease then formed are followed without deviation for the next fifty years, perhaps. Then never be beguiled into employing a physician because he has had forty or fifty years' experience. Experience is no objection to the ability of any man if he profits by it, but if he be sunk deep into the ruts of routine he has become in time an "old foggy" and is not qualified to cope successfully with the recent graduate who is posted in modern medicine.

In this respect also the modern eclectic graduate is especially to be commended to the favorable consideration of the public. The eclectic school is the only one which teaches its students liberality and independence from all dogmas and ethical intolerance. Its students go out with such a breadth of respect for the opinions of medical men generally that no barriers, fancied or real, exist between them and the best thought of all schools.

And now, ladies and gentlemen of the graduating class, a word to you before I close. You have your faults, you have your virtues. I can commend you for diligence in study and earnestness of purpose to be an honor to the institution you represent. We of the Faculty shall feel an interest in your future success. If you attain an eminence we shall feel in a measure that we have done a good work in starting you on the way. If you need assistance and encouragement, we shall be glad to confer it in all things just.

As parting advice, permit me to read the following, entitled "A Swarm of Bees," copied from the weekly medical journal, "*Technics*:"

"Be patient. Patience is a virtue much needed.

"Be diligent. Work now, to-morrow, and the day after. Each day brings its duties, each season has its appropriate labors. 'Show me a diligent man: he shall appear before kings and princes.'

"Be courteous. Never be betrayed into saying or doing anything that will make you ashamed. To the unreasonable, as well as the reasonable, show yourself a gentleman. 'A soft answer turneth away wrath.' There will be many occasions



when the physician will be tried, and sorely tried, when complaints will come in like a shower of arrows, and every one of them utterly ungrounded; but he should rise superior to them all, remembering that 'he who ruleth his spirit is better than he who ruleth a city.'

"Be honest. 'Honesty is the best policy,' and more than that. It is a grand virtue; it leads to self-respect; it keeps the conscience clean; it is the only sure foundation of success.

"Be attentive to details. 'Many a little makes a mickle,' says the old proverb. The little things need care. There is a constant succession of petty details. But each must be attended to, or success cannot be obtained. Along the Mississippi river there are great banks or levees. Through them a tiny stream of water may force its way. It is a little thing; but watch it, as the currents of the great river force it along. It grows in size, the earth drops away; a crevasse is formed, and thousands of acres are under water; life is lost and property is destroyed, all because of this little stream of water neglected. Little neglects make great losses. Insignificant they appear at first, but the loss they occasion is not insignificant.

"Be prompt. Do everything when it needs to be done. 'Never put off till to-morrow what can be done to-day.'

"Be true to thyself. Never forget that you are a man. The building of a true manhood is your first duty and most engrossing business. There is much in the practice of medicine, properly followed, to develop the better part of a man's nature. It teaches him to be gentle, to be kind, to be careful, to be attentive, to be prompt, to be honest, to be diligent, to be courteous, to be patient. It is refining in itself, and the association with dependent creatures should make man a gentle man—a gentleman in the truest, highest and best sense of the word. Every man is the architect of his own fortune, and the builder of his own character. The first may fail, but the last is a permanent acquisition, enduring for time and eternity. It cannot be taken away, thieves cannot steal it, moth and rust cannot corrupt it."



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**BOOK NOTICE.**

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We have received from Park, Davis & Co. a very neat and instructive book on Erythroxylon Coca. It gives many important facts concerning the coca shrub and its derivatives, and especially of its alkaloid—cocaine—the wonderful role its preparations now play in the practice of medicine. It is the purpose of the work to present to physicians the importance of the drug which, through its stimulant properties, can supply the place of food, make the coward brave, the silent eloquent, free the victims of the alcohol and opium habit from their bondage, and, as an anæsthetic, render the sufferer insensible to pain, and make attainable to the surgeon heights of what may be termed “æsthetic surgery” never reached before.

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**Horsford's Acid Phosphate.**—No difference of opinion exists among high medical authorities as to the value of phosphoric acid and the phosphates, and no preparation has ever been offered that so happily meets the general want as Horsford's Acid Phosphate. It is the same acid that is found in wheat and other cereals, and is not only a medicine, but a scientific preparation which has received the sanction and commendation of leading physicians of America. Horsford's Acid Phosphate is especially recommended for dyspepsia, mental and physical exhaustion, indigestion, headache, wakefulness, nervousness, impaired vitality, etc., etc. For sale by all druggists and dealers in medicine.

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**Nervous Prostration.**—E. M. Kirby, M. D., 1606 N. Broad street, Philadelphia, Pa., says: I used Celerina in the above disease with marvelous results. Mrs. W——, aged 50, for years unable to enjoy or have a good night's rest, flushes of heat, nervous shocks when sleeping awakening her, loss of ambition, easily startled under any circumstances, a long time recovering from the shock, tremulousness and weakness following, with palpitation of the heart, showing a weakness of the solar plexus and consequently easily irritated, and at times almost despondent even approaching melancholia. Celerina has produced an entire change in all these symptoms, sleeps all night and is refreshed,



no shocks or flushes of heat, and is as calm and composed as a person should be. One bottle is all that she used, but will not be without it.

**A Great Scientific Triumph.**—I have used Hydrastis in one form or another for eighteen years, in all the preparations known to pharmacy, besides infusions, etc. Lloyd's Hydrastis far exceeds in therapeutic efficiency and pharmaceutic elegance any preparation of Hydrastis I ever saw. According to my observation it is incomparably superior, therapeutically, to the colored preparations, and I tested it in pharyngitis, tonsillitis, metritis, gonorrhœa, vaginitis, dyspepsia, anorexis, etc. It is to the last degree creditable to the pharmaceutic art, that it has finally eliminated the staining property of hydrastis, and at the same time almost deprived it of its unpleasant taste. The accomplishment of these feats has been doubtingly hoped for by physicians time out of mind. We now have, in Lloyd's colorless preparation of hydrastis, the pharmaceutic exponent of a great scientific triumph, as all physicians who employ the peerless drug will testify.

DR. W. C. COOPER.

